

**Community Service Network 7 Meeting  
DHHS Offices, Biddeford  
September 11, 2008**

**Draft Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Don Burns, AIN</li> <li>• Lois Jones, Counseling Services Inc.</li> <li>• WC Martin, Common Connections/CCSM</li> <li>• Mark Jackson, Harmony Center/CCSM</li> </ul> | <ul style="list-style-type: none"> <li>• Deanna Mullins, Goodall Hospital</li> <li>• Tony Thompson, MMC Employment Spec, CSN 7</li> <li>• Jeanne Mirisola, NAMI-ME Families</li> <li>• Chris Souther, Shalom House</li> </ul> | <ul style="list-style-type: none"> <li>• Mary Jane Krebs, Spring Harbor &amp; SMMC</li> <li>• Wayne Barter, VOA</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• Center for Life Enrichment (vacant)</li> <li>• Creative Work Systems</li> </ul> | <ul style="list-style-type: none"> <li>• Job Placement Services, Inc.</li> <li>• Saco River Health</li> </ul> | <ul style="list-style-type: none"> <li>• York County Shelters (excused)</li> <li>• York Hospital</li> </ul> |
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**Others/Alternates Present:** Jen Goodwin, CSI; Deborah Rousseau, MMC Emp. Coordinator, CSNs 3-7.

**Staff Present:** DHHS/OAMHS: Don Chamberlain, Marya Faust, Carlton Lewis, Bill Nelson. Muskie School: Elaine Ecker.

Agenda Item	Discussion
I. Welcome and Introductions	Carlton opened the meeting with introductions around the table.
II. Review and Approval of Minutes	The minutes from the August meetings were approved as written.
III. Feedback on OAMHS Communication	<p>Members had no feedback for this month.</p> <p><u>Communication process change/clarification:</u> Members were informed that all communications from OAMHS, whether statewide or regional, will go to the CSN representatives with the expectation that information will be shared within that representative's organization as necessary. All communications will also be posted on the CSN website. OAMHS is concerned that some information gets to staff who need to know.</p>
IV. System Learning from Mirisola Case	<p>Mary Jane reported that she, Jeanne, and Jen met to go over in detail the experiences Jeanne shared at the July CSN meeting, as Don had requested, in order to see what could be learned for future improvements. The results of their meeting were shared in detail, and members received a handout of recommendations for improvements which will be attached to these minutes after member approval.</p> <p>Major points of discussion:</p> <ul style="list-style-type: none"> <li>• Need for clarity on role of guardians with crisis services, ER, and hospitals. Issues are often very complicated.</li> <li>• Need for better communication with family members who accompany person in crisis to ER, regardless of guardianship status. Jeanne, as guardian of her family member, advocates for families being asked what happened before talking to the patient.</li> <li>• Need for clear and detailed processes for communicating all necessary information between ER and hospital.</li> <li>• Need to provide written information in the ER for family members, so they know what to expect, etc.</li> <li>• Need for staff at various facilities to know what services are and are not available in the area.</li> </ul> <p>Don added that as providers develop MOUs in the upcoming crisis reorganization work, all hospitals with ERs should be</p>

Agenda Item	Discussion
	<p>involved to address process issues like these.</p> <p><u>Involuntary Community Treatment</u>  Jeanne explained that her family member does well when taking his medication and decompensates into crisis and dangerous behavior when he doesn't, pointing out that not taking medication is a symptom/result of his illness. She mentioned Vermont's Assisted Treatment law, which requires those involved to take their medication or law enforcement will intervene and take person back to the hospital. She advocated for a similar law in Maine saying it would save the state million of dollars in hospitalizations, helps consumers with quality of their lives, and stop the "revolving door" cycle experienced by many.</p> <p>Bill Nelson described the Progressive Treatment Program (PTP) at Riverview and Dorothea Dix—similar yet more narrowly defined. People who meet the criteria specified in the PTP law may be committed by a Judge to participation in the Riverview's or Dorothea Dix's ACT team and, typically, medications are required. People in the PTP must live within a 25-mile radius of the facility.</p> <p>Some members voiced support for exploring this, particularly for those people who've already demonstrated the need for guardianship.</p> <p>The discussion concluded with members passing the following motion:</p> <p><b>MOTION:</b> Add involuntary community treatment to the OAMHS legislative agenda.</p> <p>Members also expressed interest in the idea of a one-day training on involuntary commitment, which would include a workshop on guardianship. Online training/informational resources would also be helpful.</p>
V. Legislative Session January 2009 – Suggested Bills	<p>Marya explained that during September, OAMHS files topics for legislation. At this point in the process, OAMHS has put forward several concepts without specific language for the DHHS Commissioner and Governor to consider:</p> <ol style="list-style-type: none"> <li>1. <u>Prior authorization for PNMI beds</u>: MaineCare does not allow for prior authorization for PNMI beds, and this requires legislative authority to change the MaineCare rule.</li> <li>2. <u>Add forensic patients to the bill authorizing clinical review panels to mandate involuntary medications</u>: At this time, only those civilly committed come under the provisions of this bill. OAMHS would like legislation to include people on the forensic side as well.</li> <li>3. <u>Expansion of CNA Registry to include other direct care workers</u>: Presently, there is no registry for people working in the mental health field with MHRT certifications and therefore no way to track or record the performance of those working in the field. OAMHS would like to expand the current CNA registry to include direct support mental health professionals (MHRT/C, MHRT/I, MHSS) as a way of assuring knowledge and quality of who is practicing. Also, once a person is certified there is now no mechanism to un-certify. This would provide that.</li> <li>4. <u>Exempt critical incident reporting from discovery and expand and clarify the mandate for reporting.</u></li> <li>5. <u>Reduction and disposal of unused medications (two concepts, for safety and less waste)</u>: <ol style="list-style-type: none"> <li>a. Shorten new medication prescriptions to 14 days, with no co-pays: Finding the most effective medications often requires trials and can result in waste and disposal issues if abandoned prescriptions have been written for the usual 60-90 day period. Under this concept, any new prescription would be written for a shorter period and consumers would not be liable for co-pay on any of them, even if it involves several trials.</li> </ol> </li> </ol>

Agenda Item	Discussion
	<p>b. Establish authority of Department of Public Safety (DPS) re: disposal of unused drugs, rather than the Department of Environmental Protection (DEP). DHHS and DPS want to remove disposal of unused drugs from DEP regulations and establish new regulations. DHHS and DPS see drugs as different from other hazardous materials.</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Expansion of Registry makes sense.</li> <li>• Re: new prescriptions: May need 21-30 days to know how some medications work. The idea seems like a win-win. A: The 14-day proposal may end up being 30 days, Marya said, but that would still make a substantial difference.</li> <li>• OAMHS is concerned about the disposal of drugs going into landfills and water supplies, as well as posing other potential dangers of accumulated drug supplies in a home environment. A recent pilot program where unused drugs were mailed back resulted in huge amounts coming back, and Don said that may be expanded.</li> <li>• Mail-back is a good concept for the whole system.</li> <li>• Reducing unused drugs is a no-brainer.</li> <li>• Re: exempting critical incident reporting from discovery: May be better off with a limitation on discovery, rather than full exemption. To achieve what you're after—system review and corrections—all cards need to be on the table.</li> <li>• Has clinical review panel been utilized? A: Riverview once and Dorothea Dix once. The Disability Rights Center filed suit against Riverview, but the Judge dismissed the case as moot because client had gotten a guardian by then. Don't know if any private hospitals have utilized.</li> <li>• There are pieces of the bill that need to be improved, and then there's the whole question of involuntary medications.</li> </ul> <p>Legislative motion from discussion under Item IV:</p> <p><b>MOTION:</b> Add involuntary community treatment to the OAMHS legislative agenda.</p>
VI. Budget	<p>Marya explained where things are in the budget process (Supplemental 2009, Biennial 2010-2011). Though OAMHS has submitted their initial budget requests, the Commissioner is well aware OAMHS is meeting with CSNs for additional input during September. She stressed the importance of members "putting on the table now those things you see as needs in this CSN."</p> <p>Marya mentioned budget template OAMHS sent out in August for members' use, which included two main categories for budget requests: 1) client-specific needs, backed up with data; and 2) systems needs. She said that the FY 2008 4<sup>th</sup> Quarter unmet needs data is the most reliable to this point and is being used as the basis for budget requests.</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• What about those without a case manager? What about those without MaineCare? A: OAMHS is in the process of defining what services and what population fall under public responsibility to provide. The issues are difficult, especially in this economy. What do you want your tax dollars to pay for?</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Lois brought up a "middle group of people," not acute enough for CSU but too acute for the homeless shelter, who have no appropriate place to go.</li> </ul>

Agenda Item	Discussion
	<ul style="list-style-type: none"> <li>• PNMI beds at York County Shelters are fully utilized...maybe need more?</li> <li>• Don informed that OAMHS has requested a substantial increase in BRAP (Bridging Rental Assistance Program) funds. Priority for receiving BRAP: 1) leaving hospitalization, 2) homeless, 3) living in unsafe conditions.</li> </ul> <p><b>ACT</b></p> <ul style="list-style-type: none"> <li>• Lois reported that CSI expects a \$140,000 deficit on ACT services “if we stay where we are.” They now have 10 people fully through the grant-funded criteria process.</li> </ul> <p><b>Systems Costs: Gas, Heat</b></p> <ul style="list-style-type: none"> <li>• Lois brought up the impact of high gas costs on both consumers and providers. Don asked for mileage data for both direct care providers and crisis, and Lois said she will get that information. OAMHS has information on fuel for PNMI, he said, but none on travel costs.</li> </ul>
VII. Public Comment on Budget	Nothing additional.
VIII. Wraparound Funds Proposal	<p>Jen Ouellette has developed a wraparound proposal for this CSN to consider, Don reminded, but she was not able to attend today’s meeting to present it. Members requested that Jen’s proposal be distributed before the next CSN meeting.</p> <p><b>ACTION:</b> Elaine will contact Jen for the proposal to forward to members via email before the next CSN meeting.</p> <p>Other proposals are also welcome.</p>
IX. Consumer Council Update	<p>W.C. and Mark reported:</p> <ul style="list-style-type: none"> <li>• The Sept. 8 monthly meeting of the Statewide Consumer Council (SCC) was cancelled in anticipation of a 2-day annual meeting on October 8 and 9.</li> <li>• The SCC is working on a conflict of interest policy.</li> <li>• The SCC is working on how to rotate representatives on and off the Council.</li> <li>• One issue under discussion is funding for peer centers—they’ve been flat-funded forever.</li> <li>• Also trying to get a Local Council started in Sanford—meeting at the Goodall Library—details are on the website: <a href="http://www.maineccsm.org">www.maineccsm.org</a></li> </ul>
X. Employment Service Networks (ESN) Update	<p>Tony reported that the ESN is meeting monthly, usually the Tuesday before the CSN meeting. They discuss the local labor market, develop strategies to keep up with the labor market, develop strategies to target preferred employers, and make connections and working relationships with each other.</p> <p>Tony also reported that the Vocational Rehabilitation (VR) office is leaving York County (October 14) and that the only Career Center in York County is in Springvale. People in York County can still receive VR services, but the closest office to participate in orientation is in Portland. Tony and others are working on ways to have VR come to both Biddeford area and Springvale once a month to do orientations.</p> <p>A member asked if orientations could happen in Kittery. Tony said there is no Employment Specialist on the ACT Team there, though the ESN is looking to expand to try to fill in such gaps. He said he will take the request back to the ESN and see what can be done.</p> <p>Members passed the following related recommendation:</p>

Agenda Item	Discussion
	<p><b>RECOMMENDATION:</b> That OAMHS discuss with Vocational Rehabilitation about locating and making services available in York County.</p> <p>Tony also informed that he has more than 30 people enrolled now. The mass mailing of the Need for Change survey to all CSI community integration consumers is still “in the works.”</p> <p>Tony also mentioned that October is Disability Employment Awareness Month and Disability Mentoring day is October 15. Various other conferences, activities, seminars are happening throughout the month. (Note: See Choices CEO website for details: <a href="http://choices.muskie.usm.maine.edu/new/">http://choices.muskie.usm.maine.edu/new/</a>.)</p>
XI. Impact of Energy Costs	Discussed above under Item VI. Budget.
XII. Other	<p>Deanna from Goodall Hospital told members about a new community resource for low-cost food. The New Life Church in Biddeford is affiliated with Angel Food Ministries, a national organization that works to provide food relief by buying bulk quantities of quality food and distributing through their host sites around the country. The food is packaged and sold by the box--\$90 worth of frozen food for \$30--based on a monthly menu. (Note: The website says \$65 worth of food for \$30.) The menu is available at the church or on the website: <a href="http://www.angelfoodministries.com">www.angelfoodministries.com</a>. Payment is by cash, money order, or food stamps through the New Life Church and the pick-up day is the last Saturday of the month, also at the church.</p>
XIII. Public Comment	None.
XIV. Meeting Recap and Agenda for Next Meeting	<p>See <b>ACTION</b> items above.</p> <p>Legislative &amp; Budget Update  Consumer Council System Update  Employment Specialist Update  Impact of Energy Costs  Wraparound Funds Proposal  Additional Crisis Data - CSI</p>